DEPARTMENT OF HEALTH AND HUMAN SERVICES

PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION 7500 Standish Place (HFV-210) Rockville, MD 20855

VETERINARY ADVERSE DRUG REACTION, LACK OF EFFECTIVENESS, PRODUCT DEFECT REPORT

(Forward to address at left. Attach all correspondence that pertains to this reaction)

Form Approved: OMB No. 0910-0012 Expiration Date: Jenuary 31, 1997

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to:

Reports Clearance Officer, PHS Hubert H. Humphrey Building, Room 721-B 200 Independence Avenue, S.W. Washington, DC 20201 Attn.: PRA and to

Office of Management and Budget Paperwork Reduction Project (0910-0012) Washington, DC 20503 Please DO NOT return this report to either of these addresses.

w (21 CFR 510 300)	Fallure to	report car	result in witho	irawai of app	roval of the application.						
1. REPORT SOURCE AND ADDRESS (Mfr., Distr.)					3. TYPE OF REPORT INITIAL FOLLOW UP TO REPORT OF (Give Date)						
4. NAME, ADDRESS AND PHONE NO. OF ATTENDING VETERINARIAN (In confidence)					5. NAME OR CASE IDENTIFICATION OF OWNER (In confidence)						
6. TRADE NAME AND GENERIC NAME(S) OF ACTIVE INGREDIENT(S) (Include dosage form and strength - Ex., tab, 500 mg.)					7a. NAME OF MANUFACTURER						
					b. NADA NO.						
8. LOT NUMBER 9. DOSAGE ADMINISTERED AND ROUTE (Ex. 250 mg., q 12 h, p.o.)					10. DATE(S) OF ADMINISTRATION						
JG		12. DRUG	WAS ADMINISTE	ERED BY							
					☐ VETERINARIAN, STAFF ☐ OWNER, OTHER						
13. NUMBER OF ANIMALS IN THIS INCIDENT				14. REACTING ANIMALS							
c. DI	ED	a. SPEC	IES		b. BREED						
15. CONCOMITANT MEDICAL PROBLEMS					d. WEIGHT						
		e. SEX	T EEMALE	□ MALE □	PREGNANT NEUTERED						
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